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FILED
NOVEMBER 10, 2004

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

**STATE OF NEW JERSEY
DEPT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MEDICAL EXAMINERS**

**IN THE MATTER OF AN INQUIRY
INTO THE PROFESSIONAL PRACTICE OF
PHYLLIS ANDERSON-WRIGHT, D.O.
LICENSED TO PRACTICE MEDICINE AND
SURGERY IN THE STATE OF NEW JERSEY :**

**ADMINISTRATIVE ACTION
FINAL ORDER**

This matter was presented to the **State** Board of Medical Examiners on inquiry into the medical **practice** of Phyllis Anderson-Wright, D.O., who is Board-certified in Family Practice, holding New Jersey license number MB 065551. Dr. Anderson-Wright currently practices at Primary **Care Associates** in Plainfield, NJ. She is represented by James Docherty, **Esq.**

Dr. Anderson-Wright relates that in March **1999** she responded to a newspaper advertisement offering a medical position. **She** was interviewed in **Pennsylvania** by **Mark** Gartenberg, a businessman unlicensed as a health care provider, and **by** his son Mark Gartenberg, D.C. Dr. Anderson-Wright was hired to **work** two full days/week at **the** Gartenberg's entity, "Eatontown **Sports** Rehab and Medical Center" (hereinafter ESRMC), an office catering to **what** **was** described to respondent **as a** mostly "personal **injury**" clientele, located at One Main Street, **Suite** 303, Eatontown, NJ 07724. Dr. Anderson-Wright began working there **on** March 29, 1999. The office was staffed **by** some chiropractors, including Raj **Gupta, D.C.**, and some clerical/medical assistants. She relates that she noted immediately that the office was run by chiropractors and, initially, for her there was "not much **to** do". However, when ESRMC began **a**

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heavy **advertising** and **marketing campaign**, offering **free** physical examinations, **the** patient population **grew** rapidly, reaching about 15-20 patients per day.

Dr. Anderson-Wright testified that when **patients** presented, there was **no** particular protocol **established** at that office to delineate roles for the chiropractors and for her as the sole medical doctor. Rather, the need to maintain “office **flow**”, to minimize patient **waiting** time, dictated whether she saw a patient first, or whether **a** chiropractor did. If the chiropractor saw the patient first, that practitioner’s patient chart notes **were** not shown to her. **A** single Encounter **Form** **was used** by **all the** practitioners, **listing** what she recalled **as** numerous medical CPT codes. She **was** given to understand that **the** same Encounter **Form** **was** used **in at least** 5 different offices in New Jersey and **Pennsylvania**, **all** controlled by **the** Gartenbergs.

Dr. Anderson-Wright recalled that various tests were performed in the office by the chiropractors, including **what** she referred to as an “EMG” **but** without needles. These tests were unfamiliar to her and she was not **asked** to interpret them. She says she requested that one be performed on her **so that** she would know **how** it felt; she recalled feeling an electric current. She **also** learned that patients were tested and retested via an ultrasound-type of photography device. She was unfamiliar with all of these. She believed the ultrasound “photograph” device was **used** only for diagnostic purposes. The chiropractors attempted to show her how to use it and she deferred **to** their judgment that it was useful.

She recalled that **the** office offered treatments **by** moist heat, manipulation, and **a** form of electric stimulation with which she **was** not familiar. It **appears** that Dr. Anderson-Wright did not perform this treatment. However, she recalled that Raj Gupta, D.C. showed **her** how to use the “Matrix” electric stimulation device **which, she said**, was performed on patients by “everyone” at that office. She had not previously **heard** of it.

Dr. Anderson-Wright testified that the office also contained a medicine cabinet containing vials of 1% lidocaine and a “herbal natural” homeopathic substance. The chiropractors told her this was to be used to administer trigger point injections. **As** she was unfamiliar with this substance, the chiropractors encouraged her to telephone a “medical doctor” whom she understood to **be** somehow affiliated with ESRMC; she recalled that he assured her the substance contained camomile and St. Johnswort and **was** “safe”. She requested and received

some printed material about the substance and learned **that it** was not FDA-approved. She nevertheless agreed to use **it** and recalls that she administered about three “trigger point injections” of **this** substance into patients who told her they had received these injections **at an** earlier time (the person performing the injections at the chiropractic office was not identified). Dr. Anderson-Wright stated that when she **gave these** injections, she did not use the lidocaine but **only** the homeopathic substance.

Dr. Anderson-Wright testified that whenever she personally examined a patient, she made an entry in **the chart and** signed her name. Shewn **a pre-printed** form outline of progress note from **an** ESRMC patient chart containing several pre-printed sets of initials, she said **“PAW”** was **the** abbreviation **for** her name. She said she made **an** effort to perform **a** comprehensive **examination**, did counseling, and wrote prescriptions for medications such as hypertension drugs and for **“NSAIDS.”** She recalls using **a** prescription **pad** with the ESRMC name imprinted on it, **but** which did not contain her **name**.

Dr. Anderson-Wright said she worked at ESRMC for **approximately 15 weeks** as a salaried W-2 employee, **until** she **left** to take another employment on **July 1, 1999**. During this time, **although** she had some basic awareness of general modalities of physical therapy and of diagnostic testing, she **deferred** greatly to the chiropractors **because** it was **“their office”**; they already had a system in place; and she assumed that anything she did not understand must be **part** of the chiropractic profession and might be **useful to** those practitioners.

The Board finds numerous causes for concern. Despite her medical background and the responsibilities incumbent **upon** her **as a** licensee of this Board, Dr. Anderson-Wright allowed herself **to be** employed by **a** business entrepreneur and **a** chiropractor, in violation of N.J.A.C. 13:5-6.16(f), **a rule** in effect since February 1992. She **worked at** ESRMC **for** almost four months, **saw** patients **subjected to activities** which **were** unfamiliar to her, yet **deferred** almost unquestioningly **to** the practices she saw established at that office. She allowed examination **notes to be** charted with initials **“PAW”** **not** identified anywhere on **the pages**. She readily accepted the **use** of **diagnostic** tests of which she had **not** previously heard or studied. She allowed a **letter to** be sent to the Hartford Ins. Co. dated June 1, 1999 (in the K.F. chart),

vouching for the utility of the “Diagnostic Ultrasound” test as an objective and “invaluable tool”.¹ She “ordered” temperature gradient studies for purported confirmation of intervertebral disc herniation.

She agreed to prescribe the electrical stimulation treatment on several occasions - described in her notes as the “nerve block” treatment.’ Indeed, she later signed a “canned” paper captioned “Medical Prescription and Medical Necessity for the **Application** of Electroceutical Nerve **Blockade**” - which had apparently already been administered (or simply billed) during her employment to patient K.F.’s carries on at least 6 dates between May 7 and June 2, 2999.³

She was also willing to **accept the** advice **of** the chiropractors, purportedly **confirmed by** the word of an “affiliated medical doctor” who assured her by telephone that it **was** safe **and** appropriate for her to inject patients with a homeopathic substance for which she had **no** training or experience and which she knew was not approved by the Federal food and Drug Administration.

Notwithstanding the above, the Board recognizes that Dr. Anderson-Wright has made substantial efforts to **further** her medical education and training, and **is** now employed in an apparently **appropriate** medical setting. **At** the time she was employed at ESRMC, she was

¹As of that date, the Medical Board, the Chiropractic Board, and the Department of Banking and **Insurance** had already forbidden **billing** for “spinal diagnostic ultrasound” **tests**. ESRMC nevertheless submitted **bills** during respondent’s employment (**as well as** before and afterward) falsely **claiming CPT** codes 76536 **charging** \$300.00, **and** 76800 **charging** \$365.00 **per** test.

²During her employment, **after** Dr. Anderson-Wright became aware that patients **were coming** to the office **with** their carrier Explanation **of** Benefits forms, complaining that they had not had “surgery”. She learned **that** the Pennsylvania management **office** of ESRMC **was** apparently **billing** \$330.00 **per** treatment for this service under **CPT** code **6444I**, a code reserved for nerve **blocks** by injection of medication. **as a** form of surgery. **In fact**, the treatment was **nothing** more than **a** form **of** electric **stimulation**, qualifying - if at all - for a **very** low reimbursement.

³**Separate** from the deceptive manner in which this treatment was billed, neither the Medical Board nor the Chiropractic Board permit electrical stimulation treatment to be administered by an unlicensed person.

relatively new to private practice **and was unfamiliar** with the scope of practice authorized for the chiropractic profession in this State. It appears that she **was** somewhat naive and unduly deferential **to the** persons she deemed to be her employers and seniors in the office, and that she **failed** to assert her professional training and responsibilities **to** assure the responsible implementation of **a** potentially *bona fide* multi-disciplinary practice..

Dr. Anderson-Wright, having been informed that the **Attorney General planned to** initiate disciplinary proceedings alleging violations **of** the above statutes and rules **and** accepted standards **o f** practice, has had the **opportunity to** confer with her counsel. Dr. Anderson-Wright does not contest **that** grounds **exist** for the **said proceeding, and** she represents that she shall make such changes in her **practice as** are necessary **to** avoid **a recurrence** of the problems identified. She has **determined that, in lieu** of the contemplated disciplinary proceedings, she wishes **to** resolve this matter amicably and **has** consented to the terms following:

In light of the circumstances, including the relatively short **time** Dr. Anderson-Wright was **employed** at ESRMC, and in reliance upon her assurance that she shall cooperate **in** any **further** inquiry by any State **or** federal **agency** regarding the activities at ESRMC of any of the practitioners or unlicensed **persons with** whom she was affiliated during her **employment** at that office,

IT IS, ON THIS 10TH DAY OF NOV. 2004
ORDERED

1. Dr. Anderson-Wright **is hereby reprimanded** for the above conduct.

2. Henceforth, she shall **assure** that in **any** form of practice or employment, whether composed of plenary licensees (MDs or DOs) or composed of more than one type of health *care professional*, Dr. Anderson-Wright shall **take** such measures **as are** necessary **to** assure that the **practitioners** are functioning within their licensed scopes of practice. She shall assure **proper** identification **of persons** making examination findings or treatment entries into a patient chart.

She shall **not agree** to order or **to** perform **any** form of diagnostic testing with which **she** is not familiar. She shall assure that for any form of diagnostic testing which she does order or

perform, she shall first ascertain that it meets **accepted standards of practice** for safety and efficacy **and** for a reasonable level of **medical reliability and validity**. She shall assure that **billing** is performed accurately and honestly, **and** shall assure that **CPT** codes truthfully reflect the services provided.

3. Dr. Anderson-Wright shall cooperate in any further inquiry by any **State or federal agency** regarding the activities **at ESRMC** of any of the practitioners **or unlicensed persons** with whom she was **affiliated during her employment at that office**,

4. **This Order** is intended to resolve all issues arising in connection with **the allegations** which the **Attorney General** was prepared to file before the State Board of Medical Examiners. The entry of **this Order** shall not limit the **authority of the Attorney General** or of any other person or agency to initiate any further action permitted by law, whether administrative, civil or criminal, in any court or forum of competent jurisdiction in connection with any matters not alleged in the document as herein resolved.

THIS ORDER IS EFFECTIVE UPON ENTRY.

STATE BOARD OF MEDICAL EXAMINERS⁴

By: 

Bernard Robins, M.D., F.A.C.P.
President

I have read the within Order and understand its terms. I consent to the filing of the Order by the Board of Medical Examiners

By: 

Phyllis Anderson-Wright, D.O.

Witness: 

James Docherty, Esq.

Counsel to Dr. Anderson-Wright

⁴Board member Gregory J. Rokosz, D.O. was recused from consideration of this matter.

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license;
- (2) Which censures, reprimands or places on probation;
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.